

# EXHIBIT

# F

*HN 917679201*  
**BERGEN ANESTHESIA AND PAIN  
MANAGEMENT**

PO BOX 135  
ORADELL, NJ 07649  
201 342-1205PH#  
201 342-1259FX#

*Add'l payment*

*MS*  
*AK*  
April 6, 2010

HEALTHNET  
ATTN: APPEALS DEPT  
90 MATAWAN ROAD 5<sup>TH</sup> FL  
MATAWAN, NJ 07747

CLAIM # 2010020251208360

Dear Appeals Dept.,

We are requesting that the attached claim(s) be reviewed and reprocessed for additional payment. We are a nonparticipating provider that provided anesthesia services without any prejudice to our patient and the patient does not have a choice in an anesthesia doctor. The patients are not being held responsible at this point in time until HEALTHNET reviews our request. If HEALTHNET doesn't feel any other payment can be made, we have the right to hold patients responsible for the balance.

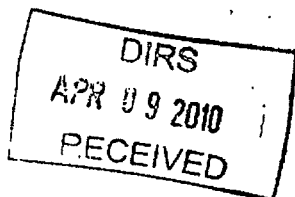
Sincerely,

Debra Broking NCICS

Account Manager

RECEIVED

APR 12 2010



2010 APR -9 AM 11:09



HEALTHNET  
of NEW JERSEY, INC.  
80 Malabar Road 5th Floor  
Metlwan, NJ 07747

## REMITTANCE ADVICE

PAGE 1

Payee Name BERGEN ANESTHESIA & PAIN MGT.  
PO BOX 135  
Payee Address ORADELL, NJ 07649-0135

Vendor # 0X00J29724  
Suffix 4064  
Payee Tax ID 331070285  
Process Date 03/26/2010  
Bank Code 0V  
Payor Tax ID ZZZ3241303

Patient Name  
Patient Acct # 8B008967  
Subscriber Name

HN ID  
Contract Charter POS  
Date Rec 03/09/2010  
Claim # 2010020251208360

Check #  
Provider # J29724  
Medicaid

Type E  
NPI 1546398704

Service Date	Proc Code	Modifier	Units	Billed	Exceeds Standard	Contract Adjustment	Allowed	Deductible	Coinsurance	Copay	Patient Resp	Benefit Payable	Reason Code
02/02/2010	00600	AA	18	4,950.00	0.00	0.00	4,950.00	780.74	1,245.38	0.00	2,026.12	2,923.88	BF OL
CLAIM TOTALS				4,950.00	0.00	0.00	4,950.00	780.74	1,245.38	0.00	2,026.12	2,923.88	

Reason Codes:

BF MEMBER RESPONSIBLE FOR THIS COINSURANCE DOLLAR AMOUNT.  
OL THIS AMOUNT HAS BEEN APPLIED TO THE MEMBER'S YEARLY DEDUCTIBLE. THE MEMBER IS RESPONSIBLE FOR PAYMENT.

	Billed	Exceeds Standard	Contract Adjustment	Allowed	Deductible	Coinsurance	Copay	Patient Responsibility	Benefit Payable
TOTALS FOR THIS REMIT	4,950.00	0.00	0.00	4,950.00	780.74	1,245.38	0.00	2,026.12	2,923.88

Remark Codes: A=ADJUSTED; D=DISCOUNT; P=PENALTY; C=CAPITATION; I=PRIME INPT PMT; W=WITHHOLD

Check / EFT #: 0003603236

Check Amt: 2,923.88

Check Date: 03/31/2010

Total Interest: 0.00

Vendor 0X00J29724 Totals

2,923.88

If you suspect fraud or abuse please contact the Fraud Hotline at (800) 747-0877

V.1 2009

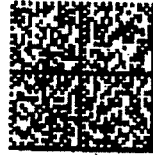
For questions, please contact the Provider Call Unit at One Far Mill Crossing P.O. Box 904 Shelton, CT 06484 or call (800) 438-7886



P.O. Box 135  
Oradell, New Jersey 07649

ADDRESS SERVICE REQUESTED

2010 APR -9 AM 11:09



02 1M  
\$00.44<sup>0</sup>  
000 422 4840 APR 07 2010  
MAILED FROM ZIP CODE 07601

DIRS  
APR 09 2010  
RECEIVED

RECEIVED

APR 12 2010

CDC

07747+2624

